



Community Development Department – Planning Division  
1601 NW 136 Avenue, Sunrise, FL 33323 P: 954.746.3270 F: 954.746.3287

## **ZONING APPROVAL FOR ALCOHOLIC BEVERAGE LICENSE CHECKLIST**

The following items must be submitted to the Community Development Department for zoning review:

- ☐ The original State application form for Alcoholic Beverage License with the Section for Zoning Authority must be completed by applicant including series License number.
- ☐ Zoning Approval Application Form, signed by the applicant listed on the State license.
- ☐ Review fee of \$100.00





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**For Official Use Only**

Date: \_\_\_\_\_

HTE #: \_\_\_\_\_

Entered By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approval Date: \_\_\_\_\_

**Zoning Approval Application for State of Florida  
Alcoholic Beverage License**

Name of Business: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Type of Alcoholic Beverage License Requested: Series \_\_\_\_\_ New \_\_\_\_\_ Transfer \_\_\_\_\_

Contact Information: Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

***The applicant must answer all of the following questions***

1. What are your proposed hours of operation (hours and days of the week)?  
\_\_\_\_\_
2. Was the bar, restaurant or nightclub space that you currently occupy, previously occupied by a bar, restaurant or nightclub with a different name? If so, state the former name. \_\_\_\_\_
3. Does your establishment charge a cover charge, door charge or have a membership fee? Yes ☐ No ☐
4. Does your establishment set a minimum drink requirement? Yes ☐ No ☐
5. Does your establishment have a dance floor, platform, musical staging area or other open area used by patrons for dancing or viewing of live entertainment? This would include moving dining tables in order to accommodate dancing or live entertainment. Yes ☐ No ☐
6. What is the maximum capacity of your establishment as determined by the City of Sunrise Fire or Building Departments? \_\_\_\_\_. If necessary, contact the City Fire Department at (954) 746-3474 to verify.
7. What is the maximum number of seats of your establishment (not counting bar seats)? \_\_\_\_\_ # of bar seats? \_\_\_\_\_
8. What is the square footage of the customer service areas? \_\_\_\_\_  
Does your establishment routinely advertise specific entertainment events or engagements? Yes ☐ No ☐
9. If "yes," please give examples of the types of entertainment events that you advertise.  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you currently have an Alcoholic Beverage License for this address? Yes ☐ No ☐  
If yes, what is the series and why are you requesting a change? \_\_\_\_\_  
\_\_\_\_\_

**SECTION FOR ZONING AUTHORITY MUST BE COMPLETED BY APPLICANT INCLUDING SERIES  
LICENSE NUMBER**